



Republic of the Philippines
NATIONAL POLICE COMMISSION
PHILIPPINE NATIONAL POLICE
ANTI-CYBERCRIME GROUP
Camp Crame, Quezon City



Digital Forensic Unit

FORM A-1: REQUEST FOR DIGITAL FORENSICS SERVICE

SECTION I: TYPE OF REQUEST

A. Request For:

Digital Forensic Technical Assistance Training Others: _____

B. Mode of Request:

Initial (Original agency investigation) Follow-up (Prosecutor follow-up request)

Others: _____

SECTION II: CASE INFORMATION

A. Submitting Agency:

B. Date:

C. Time:

D. Agency Address:

E. Agency Case Number:

F. Nature of the Crime/s:

G. Legal Authority:

- Search Warrant
 Court Order
 Consent to Search
 Others* _____

Note:

Provide a copy of the Search Warrant, Affidavit, Written Consent, Consent Acknowledgement Form, and Synopsis of the case or other Documentation.

H. Requestor's Name: (last, first)

I. Cellphone Number:

J. Office Number:

K. Requestor's Email:

L. Is Requestor ISDE Trained?

Yes No

SECTION III: COURT/SUSPECT/S INFORMATION

A. Prosecutor Assigned: (last, first)

B. Phone Number:

C. Email Address:

D. Suspect/s Name: (last, first)

E. In custody/Detained:

Yes No

SECTION IV: EVIDENCE INFORMATION

A. Search/Seized/ Date:

B. Time:

C. Location:

D. Items to be Examined:			
Item #:	Type of Items/Media	Description (make & model)	Serial Numbers
	“See Attached Chain of Custody FORM”		
E. Has anyone viewed/examined/accessed this evidence prior to submission? <input type="checkbox"/> Yes * <input type="checkbox"/> No			
F. List any Digital Forensic Lab members consulted:			
G. Special Handling: (check all that apply) * <input type="checkbox"/> Bio Hazard <input type="checkbox"/> Classified Material <input type="checkbox"/> Drug Related <input type="checkbox"/> National Interest <input type="checkbox"/> Suspected Terrorism <input type="checkbox"/> Others: _____			

SECTION V: SERVICES REQUESTED

- Describe in detail services requested and provide detailed keywords, nature of the case, and victim/suspect information. Identify any investigative and/ or court deadlines.
- Explain all checked items with “ * ” from above.

Please identify the types of evidence/information to be searched for/ recovered:

<input type="checkbox"/> Financial Records	<input type="checkbox"/> Word Processing /Text Documents	(Other/Keywords – Please be specific)
<input type="checkbox"/> * Internet History and log files	<input type="checkbox"/> Credit Card info/Check-writing programs	
<input type="checkbox"/> *Email/IM/Text Messages	<input type="checkbox"/> Child Pornography	
<input type="checkbox"/> Contact Lists	<input type="checkbox"/> Images	
<input type="checkbox"/> Call History	<input type="checkbox"/> Owner Information	

* Clarification and comments

If child pornography images are found during the course of an examination, the examiner will:
1. Use a hard drive duplicator from the Digital Forensic Lab to duplicate the original hard drive.
2. Replace the original drive with a duplicate hard drive of equal or greater size.
3. Remove all child pornography from the duplicate hard drive (which will remain on-site or will be returned to the victim/suspect (when required to do so)).
4. Maintain the original hard drive and image in the Digital Forensic Lab for analysis.

SECTION VI: REQUESTING CASE AGENT /INVESTIGATOR CONFIRMATION

A. Rank / Name /Title:	B. Signature:
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SECTION VII: DIGITAL FORENSIC LAB USE ONLY

A. Lab Case #:			
Process	Rank/Name	Signature	Time/Date
B. Received by			
C. Assigned to			
D. Priority			